

PAGE 1/14 * RCVD AT 10/17/2006 3:23:32 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-3/13 * DNIS:2738300 * CSID:16082504874 * DURATION (mm-ss):04-48

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Patent Attorneys

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Election of Species/Amendment

Fax to: **Examiner M. Halpern**
U.S. Patent and Trademark Office
Group Art Unit 1731

At Fax No.: (571) 273-8300
USPTO central facsimile number

From: Patrick J. G. Stiennon
Date: October 17, 2006
Time: 20:22
Our Ref.: VALMET-101

This transmission has 13 pages (including this sheet)

There follows in Application No. 10/815,179.

- PTO/SB/21 Transmittal letter (1 p)
- PTO/SB/17 Fee Transmittal letter (1 p)
- PTO/SB/06 Patent Application Fee Determination Record (1 p)
- Amendment (9 pp)

ASS

OCT 17 2006

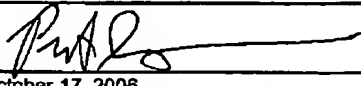
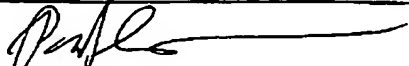
PTO/SB/21 (12-97)

Approved for use through 9/30/00. OMB 0651-0031

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TRANSMITTAL FORM (To be used for all correspondence after initial filing)		Application Number	10/815,179
		Filing Date	March 31, 2004
		First Named Inventor	John David Breiten
		Group Art Unit	1731
		Examiner Name	M. Halpern
Total Number of Pages in This Submission		Attorney Docket Number	VALMET-101
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (For an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) And Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	
		<input type="checkbox"/> After Allowance Communication To Group <input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (Please identify below):	
		• PTO/SB/06 - Patent Application Fee determination Record	
Remarks		The Commissioner is hereby authorized to charge any additional fees that may be required with respect to this communication, or credit any overpayment, to Deposit Account No. 50-2663	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name		Patrick J. G. Stiennon, Reg. No. 34934	
Signature			
Date		October 17, 2006	
CERTIFICATE OF FACSIMILE TRANSMISSION			
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PTO/SB/17 (07-08)

Approved for use through 01/31/2007. OMB 0851-0032
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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 50.00

Complete If Known

Application Number	10/815,179
Filing Date	March 31, 2004
First Named Inventor	John Breiten
Examiner Name	M. Halpern
Art Unit	1731
Attorney Docket No.	VALMET-101

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 20 or HP = _____	x _____	= _____		Fee (\$)
HP = highest number of total claims paid for, if greater than 20.				Fee Paid (\$)

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP = _____	x _____	= _____	
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1 total claim over 20 at \$50 per claim (see PTO/SB/06)

Fees Paid (\$)

50.00

SUBMITTED BY

Signature		Registration No. 34934 (Attorney/Agent)	Telephone 608-250-4870
Name (Print/Type)	Patrick J.G. Stiennon		Date October 17, 2007

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